

# GTBANK CARD DISPUTE FORM



*\*Please note that all sections must be completed.*

CARD TYPE <input type="checkbox"/> MasterCard
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PLEASE COMPLETE THE FORM IN BLOCK/CAPITAL LETTERS

\*CARDHOLDER'S NAME: \_\_\_\_\_

* CARD NUMBER (First six digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (last four digits): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
* ACCOUNT NUMBER: _____	* HOUSE ADDRESS: _____
* EMAIL ADDRESS: _____	* MOBILE NUMBER: _____

Please complete the section below by putting "X" in the relevant boxes Select the box that best explains your dispute	Put "X" in relevant Box
<b>POS / WEB</b>	
I have neither executed nor authorized the following transaction(s)	
I have been charged more than once for the following transaction(s) on my card	
I have not received the Goods /Services paid for with my card. I am enclosing a copy of the receipt I have cancelled payment on my card but I was still charged. I have attached the document(s)	
<b>ATM</b>	
I did not receive any cash from the ATM for the debit on my card	
I did not receive full amount debited on my card (state amount received from the ATM)	
I have been debited more than once for the same transaction on my card	
I did not participate in the disputed ATM transaction on my card	

Below are relevant details:

Transaction Date	Transaction Amount	Merchant Name/Location	***Bank Document Number (STAN)

\*\*\* Bank Document Number is a 10-digit number available on your statement or confirm from the CIS Officer in the branch

*I confirm that the information above is genuine and can be held responsible for any irregularities in the information provide to the bank.*

<sup>1</sup>Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Official use only:

Card Sighted:  Card Hot listed:  hotlist card only if fraud was reported

Officer Name: \_\_\_\_\_ Signature & Stamp: \_\_\_\_\_

